

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
LIMITED SCOPE COMPLIANCE EXAMINATION  
For the Two Years Ended June 30, 2007

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
For the Two Years Ended June 30, 2007

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DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
For the Two Years Ended June 30, 2007

**CENTER OFFICIALS**

Hospital Administrator (9/16/07 – Present)	Ms. Karen Schweighart
Hospital Administrator (1/16/04 – 9/15/07)	Mr. Gregory S. Viniard
Business Office Administrator (4/16/08 – Present)	Mr. Jeff Frey
Business Office Administrator (1/1/08 – 4/15/08)	Vacant
Business Office Administrator (6/1/03 – 12/31/07)	Ms. Beverly McCurley

The Center is located at:

901 Southwind Road  
Springfield, IL 62703



Rod Blagojevich, *Governor*

Carol L. Adams, Ph.D., *Secretary*

Greater Illinois Regions 3 & 4 ● Jordan Litvak, Executive Director  
Andrew McFarland Mental Health Center ● Karen Schweighart, Hospital Administrator

April 25, 2008

Honorable William G. Holland  
Auditor General  
State of Illinois  
Iles Park Plaza  
740 East Ash Street  
Springfield, IL 62703-3154

Dear Mr. Holland:

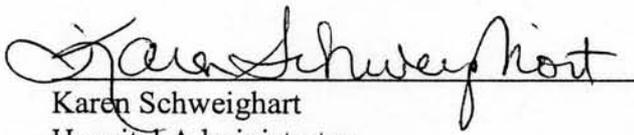
We are responsible for the identification of, and compliance with, all aspects of laws, regulations, contracts, or grant agreements that could have a material effect on the operations of the Agency. We are responsible for and we have established and maintained an effective system of, internal controls over compliance requirements. We have performed an evaluation of the Agency's compliance with the following assertions during the two-year period ended June 30, 2007. Based on this evaluation, we assert that during the years ended June 30, 2007 and June 30, 2006, the Agency has materially complied with the assertions below.

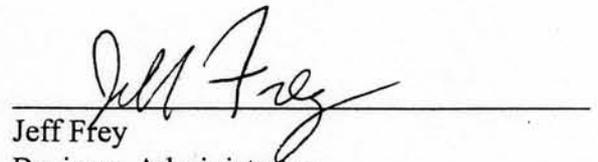
- A. The agency has obligated, expended, received and used public funds of the State in accordance with the purpose for which such funds have been appropriated or otherwise authorized by law.
- B. The agency has obligated, expended, received and used public funds of the State in accordance with any limitations, restrictions, conditions or mandatory directions imposed by law upon such obligation, expenditure, receipt or use.
- C. The agency has complied, in all material respects, with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations.
- D. State revenues and receipts collected by the agency are in accordance with applicable laws and regulations and the accounting and recordkeeping of such revenues and receipts is fair, accurate and in accordance with law.

- E. Money or negotiable securities or similar assets handled by the agency on behalf of the State or held in trust by the agency have been properly and legally administered, and the accounting and recordkeeping relating thereto is proper, accurate and in accordance with law.

Sincerely,

Andrew McFarland Mental Health Center

  
Karen Schweighart  
Hospital Administrator

  
Jeff Frey  
Business Administrator

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
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**COMPLIANCE REPORT**

**SUMMARY**

The limited State compliance testing performed during this examination was conducted in accordance with *Government Auditing Standards* and in accordance with the Illinois State Auditing Act.

**ACCOUNTANTS' REPORT**

The Independent Accountants' Report on State Compliance, on Internal Control Over Compliance and on Supplementary Information for State Compliance Purposes relates only to those chapters of the "Audit Guide for Performing Financial Audits and Compliance Attestation Engagements of Illinois State Agencies" (*Audit Guide*) which are identified in the report as having compliance testing performed.

**SUMMARY OF FINDINGS**

<u>Number of</u>	<u>This Report</u>	<u>Prior Report</u>
Findings	3	2
Repeated findings	0	0
Prior recommendations implemented or not repeated	2	1

Details of findings are presented in a separately tabbed report section of this report.

**SCHEDULE OF FINDINGS AND RECOMMENDATIONS**

CURRENT FINDINGS (STATE COMPLIANCE)

<u>Item No.</u>	<u>Page</u>	<u>Description</u>
07-1	10	Improper disposal of confidential information
07-2	12	Evaluations and notifications were not adequately documented
07-3	14	Improper completion of the notice regarding restricted rights

PRIOR FINDINGS NOT REPEATED (STATE COMPLIANCE)

07-4	15	Inadequate controls over pharmacy inventory records
07-5	15	Voucher processing weaknesses

**EXIT CONFERENCE**

The findings and recommendations appearing in this report were discussed with Department and Center personnel at an exit conference on April 1, 2008. Attending were:

Department of Human Services  
Mary Fritz, DHS Audit Liaison  
Jamie Nardulli, DHS Audit Liaison

Andrew McFarland Mental Health Center  
Karen Schweighart, Hospital Administrator  
Beverly McCurley, Business Administrator  
Jan Gambach, Quality Manager  
Louise Lee, Accountant Advanced

Office of the Auditor General  
Peggy Hartson, Audit Manager  
Joel Meints, Audit Supervisor  
Adanna Nwodu, Staff Auditor  
Amanda Neuman, Staff Auditor

Responses to the recommendations were provided by Carol L. Adams, Secretary of Department of Human Services, in a letter dated April 24, 2008.

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OFFICE OF THE AUDITOR GENERAL  
WILLIAM G. HOLLAND

INDEPENDENT ACCOUNTANTS' REPORT ON STATE COMPLIANCE, ON INTERNAL  
CONTROL OVER COMPLIANCE, AND ON SUPPLEMENTARY INFORMATION FOR  
STATE COMPLIANCE PURPOSES

Honorable William G. Holland  
Auditor General  
State of Illinois

**Compliance**

We performed a limited scope compliance examination of the State of Illinois Department of Human Services – Andrew McFarland Mental Health Center's (Center) compliance with the requirements listed below, as more fully described in the Audit Guide for Performing Financial Audits and Compliance Attestation Engagements of Illinois State Agencies (*Audit Guide*) as adopted by the Auditor General, during the two years ended June 30, 2007. The management of the Center is responsible for compliance with these requirements. Our responsibility is to express an opinion on the Center's compliance based on our examination.

- A. The Center has obligated, expended, received, and used public funds of the State in accordance with the purpose for which such funds have been appropriated or otherwise authorized by law.
- B. The Center has obligated, expended, received, and used public funds of the State in accordance with any limitations, restrictions, conditions or mandatory directions imposed by law upon such obligation, expenditure, receipt or use.
- C. The Center has complied, in all material respects, with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations.
- D. State revenues and receipts collected by the Center are in accordance with applicable laws and regulations and the accounting and recordkeeping of such revenues and receipts is fair, accurate and in accordance with law.
- E. Money or negotiable securities or similar assets handled by the State Center on behalf of the State or held in trust by the Center have been properly and legally administered and the accounting and recordkeeping relating thereto is proper, accurate, and in accordance with law.

Our limited scope compliance examination of the Center was limited to the following areas of the *Audit Guide*:

Chapter 8 – Personal Services Expenditures

Chapter 9 – Contractual Services Expenditures

Chapter 11 – Commodities Expenditures

Chapter 17 – Revenues, Refunds and Receivables

Chapter 18 – Appropriations, Transfers and Expenditures

Chapter 22 – Review of Agency Functions and Planning Program

Chapter 30 – Auditing Compliance with Agency Specific Statutory Mandates

The areas of the *Audit Guide* not examined at the Center have had procedures performed on a Department-wide basis through the compliance examination of the Department of Human Services - Central Office, and accordingly, any findings from the results of those procedures have been included in the Department of Human Services – Central Office compliance report.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants; the standards applicable to attestation engagements contained in *Government Auditing Standards* issued by the Comptroller General of the United States; the Illinois State Auditing Act (Act); and the *Audit Guide* as adopted by the Auditor General pursuant to the Act; and, accordingly, included examining, on a test basis, evidence about the Center's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our examination provides a reasonable basis for our opinion. Our examination does not provide a legal determination on the Center's compliance with specified requirements.

In our opinion, the Center complied, in all material respects, with the aforementioned requirements during the two years ended June 30, 2007. However, the results of our procedures disclosed instances of noncompliance with those requirements, which are required to be reported in accordance with criteria established by the *Audit Guide*, issued by the Illinois Office of the Auditor General and which are described in the accompanying Schedule of Findings as findings 07-1, 07-2, and 07-3.

As required by the *Audit Guide*, immaterial findings relating to instances of noncompliance excluded from this report have been reported in a separate letter.

### **Internal Control**

The management of the Center is responsible for establishing and maintaining effective internal control over compliance with the requirements listed in the first paragraph of this report. In planning and performing our limited scope compliance examination, we considered the Center's internal control over compliance with the requirements listed in the first paragraph of this report in order to determine our examination procedures for the purpose of expressing our

opinion on compliance and to test and report on internal control over compliance in accordance with the *Audit Guide*, issued by the Illinois Office of the Auditor General, but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Center's internal control over compliance.

Our consideration of internal control over compliance was for the limited purpose described in the preceding paragraph and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses as defined below. However, as discussed below, we identified certain deficiencies in internal control over compliance that we consider to be significant deficiencies.

A *control deficiency* in an entity's internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect noncompliance with the requirements listed in the first paragraph of this report on a timely basis. A *significant deficiency* is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to comply with the requirements listed in the first paragraph of this report such that there is more than a remote likelihood that noncompliance with a requirement that is more than inconsequential will not be prevented or detected by the entity's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material noncompliance with a requirement listed in the first paragraph of this report will not be prevented or detected by the entity's internal control.

However, the results of our procedures disclosed other matters involving internal control over compliance which are required to be reported in accordance with criteria established by the *Audit Guide*, issued by the Illinois Office of the Auditor General and which are described in the accompanying schedule of findings as findings 07-1, 07-2, and 07-3. As required by the *Audit Guide*, immaterial findings relating to internal control deficiencies excluded from this report have been reported in a separate letter.

The Center's response to the findings identified in our examination is described in the accompanying schedule of findings. We did not examine the Center's response and, accordingly, we express no opinion on it.

### **Supplementary Information for State Compliance Purposes**

Our examination was conducted for the purpose of forming an opinion on compliance with the requirements listed in the first paragraph of this report. The accompanying supplementary information as listed in the table of contents as Supplementary Information for State Compliance Purposes is presented for purposes of additional analysis. We have applied certain limited procedures as prescribed by the *Audit Guide*, as adopted by the Auditor General, to the 2007 and the 2006 Supplementary Information for State Compliance Purposes, except for information on Schedule of Changes in Property, Analysis of Accounts Receivable, Employee Overtime, Center Utilization, Annual Center Statistics and Service Efforts and Accomplishments

on which we did not perform any procedures. However, we do not express an opinion on the supplementary information.

We have not applied procedures to the 2005 Supplementary Information for State Compliance Purposes, and accordingly, we do not express an opinion thereon.

This report is intended solely for the information and use of the Auditor General, the General Assembly, the Legislative Audit Commission, the Governor, the Center, and the Department of Human Services management, and is not intended to be and should not be used by anyone other than these specified parties.

  
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BRUCE L. BULLARD, CPA  
Director of Financial and Compliance Audits

April 25, 2008

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
**SCHEDULE OF FINDINGS AND RECOMMENDATIONS**  
For the Two Years Ended June 30, 2007

07-1. **FINDING** (Improper disposal of confidential information)

The Andrew McFarland Mental Health Center (Center) did not ensure adequate procedures exist for disposal of documents containing personal or confidential information.

The Center regularly collects personal and confidential information that falls under the Personal Information Protection Act (815 ILCS 530) and/or Federal Health Insurance Portability and Accountability Act (HIPAA) protection guidelines.

The Center contracted with a vendor for performing routine onsite shredding of confidential information no longer needed. The Center also had several locked bins placed within the facility to protect confidential information prior to disposal. However, during a visit at the Center we found confidential information was not always placed in the secured bins. For example, we found the following information within unlocked recycling containers:

- Resident psychiatric evaluation;
- Hand-written note identifying resident name and arrival date;
- Several documents (Forensic Unit Patient Transports, Workshop Request forms, and email correspondence), identifying resident name, including email disclosing patient's primary diagnosis;
- Sensitive information that identified applicant names, addresses, telephone numbers and education/employment histories.

Although written procedures for disposing of confidential information existed, the procedures were not adequate or always enforced. In addition, there was no formal security awareness program for providing Center employees with guidelines as to the type of information employees were required to shred.

The Personal Information Protection Act and HIPAA require certain confidential information (for example, social security numbers, credit card numbers, driver's licenses, and resident name/IDs) be adequately and promptly disposed when no longer needed. As such, unless documents containing this type of information are required to be maintained per the Center's retention policies, the information should be secured within the locked shred bins until shredded.

The Center stated they were aware of the guidelines and rules of HIPAA protection. Diligent training of employees will continue. There are semi-annual audits now which include review of trash cans for Protected Health Information (PHI). There are posters

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on ICYCLE boxes informing that no “PHI Material” can be included. Confidentiality training is performed on an annual basis and quarterly newsletter relating to PHI is distributed to all staffs and patients.

Adequate procedures for the disposal of confidential information would help ensure personal or confidential information, including resident’s personal health information, is secured. (Finding Code No. 07-1)

**RECOMMENDATION**

We recommend the Center perform a risk assessment to assure personal or confidential information is adequately safeguarded and appropriately disposed when no longer needed.

In addition, we recommend the Center:

- Assess the adequacy of established procedures for disposing of personal or confidential information and ensure compliance is enforced.
- Establish a security awareness program to assure Center employees are effectively informed of procedures for safeguarding personal and confidential information.
- Ensure confidential information scheduled to be shredded is appropriately secured (stored in a locked bin or secured area).

**CENTER RESPONSE**

Agreed. The Center is aware of the guidelines and rules as required by the Health Insurance Portability and Accountability Act (HIPAA). The Center follows established DHS policies and procedures, which detail the guidelines regarding personal and confidential material. The Quality Manager will assess and ensure the adequacy of the Center’s HIPAA procedures and continue to ensure diligent training of employees. Semi-annual audits regarding the security of confidential material will be conducted by the Health Information Management Department. There are special locked trash bins conveniently located in all of the units and administration areas for all confidential and Personal Health Information material, and staff will be reminded of their use.

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**SCHEDULE OF FINDINGS AND RECOMMENDATIONS**  
For the Two Years Ended June 30, 2007

07-2. **FINDING** (Evaluations and notifications were not adequately documented)

The Andrew McFarland Mental Health Center (Center) did not maintain documentation of the timely evaluation of residents for mental retardation. In addition, the notices given to residents lacked the phone number and address of the Legal Advocacy Service of the Guardianship and Advocacy Commission (Commission).

The Mental Health and Developmental Disabilities Code (405 ILCS 5/4-201(b)) (Code) requires the Center to evaluate any person who is reasonably suspected of being “mentally retarded,” including those who also have a mental illness, within a reasonable amount of time but not to exceed 14 days of admission. The Code (405 ILCS 5/4-201.1(b)) further requires the Center to give a written notice to each person evaluated as being mildly or moderately “mentally retarded,” the person’s attorney and guardian, if any, or in the case of a minor, the parent or guardian, of the person’s right to request a review of the initial or subsequent determination that a person is properly placed and receiving appropriate services. The notice is required to include the address and phone number of the Legal Advocacy Service of the Commission, which the person or guardian can contact for legal assistance. This notice is required to be provided within 24 hours of the Center’s evaluation that a person is mildly or moderately “mentally retarded.”

During testing of residents’ files, we noted the following:

- Six of 25 (24%) files tested did not contain an evaluation notice; therefore, we could not determine if the resident was evaluated as being mildly or moderately mentally retarded within 14 days after admission and notified within 24 hours of the evaluation.
- Fifteen of 25 (60%) files tested did not contain documentation of the date the notification was given to the resident, so we could not determine if the notification was given within 24 hours of the evaluation.
- Fifteen of 25 (60%) files contained notifications that did not include the phone number and address of the Legal Advocacy Service of the Commission.

Center management stated they were not aware that residents should receive the notice, but the staff involved are given the notice to ensure residents are provided with proper care.

Failure to maintain documentation of resident evaluations for mental retardation and failure to document the date the evaluation was performed could result in the resident not being appropriately placed or not receiving appropriate treatment in a timely manner.

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Failure to include the address and phone number of the Legal Advocacy Service of the Commission on the notice could result in a resident or their guardian not being aware of their right to receive such services. (Finding Code No. 07-2)

**RECOMMENDATION**

We recommend the Center complete and document the evaluations for mental retardation within 14 days of the resident's admission. We also recommend the Center include all mandated information on the notification and ensure the individual and all applicable parties are notified within 24 hours of the evaluation.

**CENTER RESPONSE**

Agreed. The Center had two forms: the Notice of Mentally Ill/Mentally Retarded Certification and the 24 Hour Client Information Form. The 24-hour notification was present on all of the charts but does not clearly meet the requirements. The Center did complete assessments for mental retardation but the form needed to document all of the requirements.

The form was modified to include the required information within the specified timeframe. The Center will randomly monitor over the next three months to ensure proper completion of the form within 14 days of admission.

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**SCHEDULE OF FINDINGS AND RECOMMENDATIONS**  
For the Two Years Ended June 30, 2007

07-3. **FINDING** (Improper completion of the notice regarding restricted rights)

The Andrew McFarland Mental Health Center (Center) did not properly complete the notice regarding restricted rights of individuals (notice).

The Mental Health and Disabilities Code (405 ILCS 5/2-103(c)) (Code) allows the Center to restrict communications by mail, telephone, and visitation in order to protect the recipient or others from harm, harassment, or intimidation. The reason for restriction is documented on the notice, and the Code requires the Center to advise the recipient that he has the right to require the facility to notify the affected parties of the restriction.

We noted the following:

- Seven of 25 (28%) notices of restricted rights were not completed to indicate whether the notice was delivered in person or mailed.
- Three of 25 (12%) notices of restricted rights were not completed to indicate whether the patient wished anyone to be notified and, when applicable, who was notified.

Center management stated the notices were not properly completed due to oversight.

Failure of the Center to properly inform or document the communication to the individual or their affected parties is noncompliance with State statute and could result in the resident or their designee not being aware of the specifics of their communications restrictions. Failure to document the method of delivery results in incomplete or inaccurate documentation of staff's communications with residents. (Finding Code No. 07-3)

**RECOMMENDATION**

We recommend the Center ensure the notices of restricted rights are properly completed to document and certify the residents and/or affected parties are aware of the communications restrictions.

**CENTER RESPONSE**

Agreed. The Center recognizes the importance of ensuring that proper notification of an individual's restriction of rights occurs as per statute, and has well established policies and procedures. The deficiencies identified are believed to be an oversight in completing the forms with all required checkboxes. The Restriction of Rights form will be included in the routine Record Review Audits. In addition, management will review proper completion of the form with staff.

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**SCHEDULE OF FINDINGS AND RECOMMENDATIONS**  
For the Two Years Ended June 30, 2007

Prior Findings Not Repeated

07-4. **FINDING** (Inadequate controls over pharmacy inventory records)

During the prior period, the Andrew McFarland Mental Health Center (Center) did not maintain adequate controls over pharmacy inventory records.

During the current period, the Department of Human Services Central Office was responsible for the pharmacy inventory and its operations. (Finding code No. 05-1)

07-5. **FINDING** (Voucher processing weaknesses)

During the prior period, the Center did not approve vouchers for payment in a timely manner.

During the current period, our sample testing resulted in fewer instances of untimely voucher approval. We noted the weaknesses in voucher processing have not been fully resolved and are presented in the report on immaterial findings as IM07-2. (Finding Code No. 05-2)

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For the Two Years Ended June 30, 2007

**SUPPLEMENTARY INFORMATION FOR STATE COMPLIANCE PURPOSES**

**SUMMARY**

Supplementary Information for State Compliance Purposes presented in this section of the report includes the following:

Fiscal Schedules and Analysis:

- Schedule of Appropriations, Expenditures and Lapsed Balances
- Comparative Schedule of Net Appropriations, Expenditures and Lapsed Balances
- Description of Locally Held Funds
- Schedule of Locally Held Funds – Cash Basis
- Schedule of Changes in State Property (not examined)
- Comparative Schedule of Cash Receipts and Deposits
- Analysis of Significant Variations in Expenditures
- Analysis of Significant Lapse Period Spending
- Schedule of Changes in Inventories
- Analysis of Accounts Receivable (not examined)

Analysis of Operations

- Center Functions and Planning Program
- Average Number of Employees
- Employee Overtime (not examined)
- Center Utilization (not examined)
- Annual Center Statistics
  - Cost Per Year/Day Per Resident (not examined)
  - Ratio of Employees to Residents (not examined)
  - Reported Employee Job Injuries (not examined)
  - Food Services (not examined)
- Service Efforts and Accomplishments (not examined)

The accountants' report that covers the Supplementary Information for State Compliance Purposes presented in the Compliance Report Section states the auditors have applied certain limited procedures as prescribed by the *Audit Guide*, as adopted by the Auditor General, except for information on the Schedule of Changes in Property, Analysis of Accounts Receivable, Employee Overtime, Center Utilization, Annual Center Statistics and Service Efforts and Accomplishments on which they did not perform any procedures. However, the auditors do not express an opinion on the supplementary information.

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DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
**SCHEDULE OF APPROPRIATIONS, EXPENDITURES AND LAPSED BALANCES**

For the Year Ended June 30, 2007

	APPROPRIATIONS NET OF TRANSFERS	EXPENDITURES THROUGH JUNE 30, 2007	LAPSE PERIOD EXPENDITURES JULY 1ST TO AUGUST 31, 2007	TOTAL		BALANCES LAPSED August 31, 2007
				EXPENDITURES 14 MONTHS ENDED AUGUST 31, 2007	EXPENDITURES	
<b>PUBLIC ACT 94-0798</b>						
<b>GENERAL REVENUE FUND - 001</b>						
Personal Services	\$ 13,168,400	\$ 12,568,994	\$ 599,304	\$ 13,168,298	\$	102
Employee Retirement Contributions Paid by Employer	-	-	-	-	-	-
State Contributions to State Employees' Retirement System	1,511,900	1,442,207	68,768	1,510,975		925
State Contributions to Social Security	955,800	911,179	44,056	955,235		565
Contractual Services	2,027,800	1,717,148	295,428	2,012,576		15,224
Travel	7,100	5,847	1,238	7,085		15
Commodities	396,400	366,997	25,843	392,840		3,560
Printing	2,900	2,769	-	2,769		131
Equipment	71,400	41,846	24,524	66,370		5,030
Telecommunications	147,300	124,827	22,406	147,233		67
Operation of Auto Equipment Expenses Related to Living Skills Program	46,600	41,291	2,899	44,190		2,410
Costs Associated with Behavioral Health Services	11,400	11,400	-	11,400		-
Total	\$ 18,498,200	\$ 17,385,704	\$ 1,084,466	\$ 18,470,170	\$	28,030

Note: The information reflected in this schedule was taken from the State Comptroller's records and reconciled to records of the Center.

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DEPARTMENT OF HUMAN SERVICES  
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**SCHEDULE OF APPROPRIATIONS, EXPENDITURES AND LAPSED BALANCES**  
For the Year Ended June 30, 2006

	APPROPRIATIONS NET OF TRANSFERS	EXPENDITURES THROUGH JUNE 30, 2006	LAPSE PERIOD EXPENDITURES JULY 1ST TO AUGUST 31, 2006	TOTAL	
				EXPENDITURES 14 MONTHS ENDED AUGUST 31, 2006	BALANCES LAPSED AUGUST 31, 2006
PUBLIC ACTS 94-0015 & 94-0798					
<u>GENERAL REVENUE FUND - 001</u>					
Personal Services	\$ 12,297,800	\$ 11,712,815	\$ 584,921	\$ 12,297,736	\$ 64
Employee Retirement Contributions Paid by Employer	108,400	108,353	-	108,353	47
State Contributions to State Employees' Retirement System	953,800	908,408	45,365	953,773	27
State Contributions to Social Security	893,000	849,421	43,537	892,958	42
Contractual Services	1,929,800	1,558,846	324,314	1,883,160	46,640
Travel	11,500	9,466	1,688	11,154	346
Commodities	380,800	357,398	20,852	378,250	2,550
Printing	6,500	6,458	-	6,458	42
Equipment	63,600	57,912	4,539	62,451	1,149
Telecommunications	186,900	112,171	71,605	183,776	3,124
Operation of Auto Equipment	34,300	28,024	6,160	34,184	116
Expenses Related to Living Skills Program	11,400	11,400	-	11,400	-
Costs Associated with Behavioral Health Services	151,200	151,199	-	151,199	1
Total	\$ 17,029,000	\$ 15,871,871	\$ 1,102,981	\$ 16,974,852	\$ 54,148

Note: The information reflected in this schedule was taken from the State Comptroller's records and reconciled to records of the Center.

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
**COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES AND LAPSED BALANCES**  
For the Years Ended June 30,

	FISCAL YEARS		
	2007	2006	2005
			P.A. 93-0842
		P.A. 94-0015	P.A. 93-0681
	P.A. 94-0798	P.A. 94-0798	P.A. 94-0015
<b>GENERAL REVENUE FUND - 001</b>			
Appropriations (net of transfers)	<u>\$ 18,498,200</u>	<u>\$ 17,029,000</u>	<u>\$ 16,491,300</u>
<b>EXPENDITURES</b>			
Personal Services	\$ 13,168,298	\$ 12,297,736	\$ 11,387,575
Employee Retirement Contributions Paid by Employer	-	108,353	16,300
State Contributions to State Employees' Retirement System	1,510,975	953,773	1,774,033
State Contributions to Social Security	955,235	892,958	805,640
Contractual Services	2,012,576	1,883,160	1,701,106
Travel	7,085	11,154	9,208
Commodities	392,840	378,250	339,485
Printing	2,769	6,458	6,799
Equipment	66,370	62,451	61,437
Telecommunications	147,233	183,776	114,551
Operations of Auto Equipment	44,190	34,184	29,741
Expenses Related to Living Skills Program	11,400	11,400	11,400
Costs Associated with Behavioral Health Services	151,199	151,199	146,800
Total Expenditures	<u>\$ 18,470,170</u>	<u>\$ 16,974,852</u>	<u>\$ 16,404,075</u>
<b>LAPSED BALANCES</b>	<u>\$ 28,030</u>	<u>\$ 54,148</u>	<u>\$ 87,225</u>

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
**DESCRIPTION OF LOCALLY HELD FUNDS**  
For the Two Years Ended June 30, 2007

The locally held funds of the Center are grouped into two fund categories. These are nonappropriated funds with the exception of the Living Skills Fund, which is an appropriated fund. The funds are not held in the State Treasury and are described as follows:

1. Governmental Funds

General Funds

The General Funds consist of the Living Skills Fund, and Petty Cash account. This fund and account are used to record the activity of monies received from the State's General Revenue Fund for designated purposes.

The Living Skills Fund (SAMS fund number 1214) was established to provide behavioral modification programs for residents. The source of revenue is State appropriation. The revenue is expended by distributing reward payments that are earned by residents by achievement of desired behavioral modifications.

The Petty Cash account is maintained for the purpose of making change, purchasing items of small cost, payment of postage due, and for other nominal expenditures that cannot be administered economically and efficiently through the customary vouchering system. Reimbursements to the account are from State General Revenue Fund appropriations for contractual services.

Special Revenue Funds

The Special Revenue Funds consists of the DHS Other Special Trusts Fund and the DHS Rehabilitation Fund. These funds are used to account for the proceeds of a specific revenue source that are legally restricted to expenditures for specific purposes.

The DHS Other Special Trusts Fund (SAMS fund number 1139) was established to provide for the special comfort, pleasure and amusement of the residents. The primary sources of revenue for the fund are a percentage of vending machine commissions and monies donated for resident use. Also, any unclaimed Resident's Trust Fund balance of a resident separated from the Center for two years is transferred to this fund with the provision that the resident is entitled to the money upon application. These funds are then used for activities and materials to help fulfill the residents' needs in these areas.

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
**DESCRIPTION OF LOCALLY HELD FUNDS**  
For the Two Years Ended June 30, 2007

The DHS Rehabilitation Fund (SAMS fund number 1144) was established to provide workshop services for individuals with the potential for gainful employment and independent living and for long-term employment of persons capable of working in a sheltered environment. The source of revenue is payments for contractual services provided by residents to outside enterprises for workshop production. Expenditures are for materials, supplies, and resident wages for work performed.

2. Fiduciary Fund Type

Agency Fund

The Agency Fund consists of the DHS Resident's Trust Fund. Agency funds are used to account for assets held in a trustee capacity or as an agent for individuals, private organizations, other governments or other funds.

The DHS Resident's Trust Fund (SAMS fund number 1143) is maintained as a depository for funds of residents while in residence at the Center. The fund also is used to receive Social Security monies obtained to pay for resident billings. Disbursements from the fund consist primarily of withdrawals of monies for residents' personal use at the Center or when discharged as well as payments to the Department of Human Services Central Office for care and treatment charges billed to the resident.

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
**SCHEDULE OF RECEIPTS, DISBURSEMENTS AND FUND BALANCE**  
**(CASH BASIS) - LOCALLY HELD FUNDS**  
For the Year Ended June 30, 2007

	1144 DHS Rehabilitation Fund	1139 DHS Other Special Trusts Fund	1214 Living Skills Fund	1143 DHS Resident's Trust Fund	Petty Cash Account	Total
Balance - July 1, 2006	\$ 9,757	\$ 4,362	\$ -	\$ 7,685	\$ 187	\$ 21,991
<b>Receipts</b>						
Investment Income	89					89
Resident Deposits				91,929		91,929
Donations		8,556				8,556
Appropriations			11,400			11,400
Vending Machine Commissions	29,244					29,244
Reimbursements					6,268	6,268
Transfer In from Fund 1144		4,500				4,500
<b>Total Receipts</b>	<b>\$ 29,333</b>	<b>\$ 13,056</b>	<b>\$ 11,400</b>	<b>\$ 91,929</b>	<b>\$ 6,268</b>	<b>\$ 151,986</b>
<b>Disbursements</b>						
Cost of Sales	26,488					26,488
Contractual Services		2,328			6,125	8,453
Commodities		11,741				11,741
Equipment						-
Resident Withdrawals				87,725		87,725
Living Skills Program			11,400			11,400
Transfer Out to Fund 1139	4,500					4,500
<b>Total Disbursements</b>	<b>\$ 30,988</b>	<b>\$ 14,069</b>	<b>\$ 11,400</b>	<b>\$ 87,725</b>	<b>\$ 6,125</b>	<b>\$ 150,307</b>
Balance - June 30, 2007	<b>\$ 8,102</b>	<b>\$ 3,349</b>	<b>\$ -</b>	<b>\$ 11,889</b>	<b>\$ 330</b>	<b>\$ 23,670</b>

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
**SCHEDULE OF RECEIPTS, DISBURSEMENTS AND FUND BALANCE**  
**(CASH BASIS) - LOCALLY HELD FUNDS**  
For the Year Ended June 30, 2006

	1144 DHS Rehabilitation Fund	1139 DHS Other Special Trusts Fund	1214 Living Skills Fund	1143 DHS Resident's Trust Fund	Petty Cash Account	Total
Balance - July 1, 2005	\$ 7,592	\$ 673	\$ -	\$ 3,901	\$ 245	\$ 12,411
<b>Receipts</b>						
Investment Income						-
Resident Deposits				48,422		48,422
Donations		19,716				19,716
Appropriations			11,400			11,400
Vending Machine Commissions	30,726					30,726
Reimbursements					5,496	5,496
Transfer In from Fund 1144		3,000				3,000
<b>Total Receipts</b>	<u>\$ 30,726</u>	<u>\$ 22,716</u>	<u>\$ 11,400</u>	<u>\$ 48,422</u>	<u>\$ 5,496</u>	<u>\$ 118,760</u>
<b>Disbursements</b>						
Cost of Sales	25,561					\$ 25,561
Contractual Services		11,302			5,554	16,856
Commodities		7,314				7,314
Equipment		411				411
Resident Withdrawals				44,638		44,638
Living Skills Program			11,400			11,400
Transfer Out to Fund 1139	3,000					3,000
<b>Total Disbursements</b>	<u>\$ 28,561</u>	<u>\$ 19,027</u>	<u>\$ 11,400</u>	<u>\$ 44,638</u>	<u>\$ 5,554</u>	<u>\$ 109,180</u>
Balance - June 30, 2006	<u>\$ 9,757</u>	<u>\$ 4,362</u>	<u>\$ -</u>	<u>\$ 7,685</u>	<u>\$ 187</u>	<u>\$ 21,991</u>

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
**SCHEDULE OF CHANGES IN STATE PROPERTY**  
For the Two Years Ended June 30, 2007  
(not examined)

	Land and land improvements	Buildings and building improvements	Site improvements	Equipment	Total
<u>Balance June 30, 2005</u>	<u>\$ 169,792</u>	<u>\$ 17,224,671</u>	<u>\$ 3,111,912</u>	<u>\$ 1,652,068</u>	<u>\$ 22,158,443</u>
Additions:					
Purchases				98,661	98,661
Transfers-in:					
Intra-agency				26,532	26,532
Capital Development Board			41,573		41,573
Adjustments			22,676	1,706	24,382
Total Additions	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 64,249</u>	<u>\$ 126,899</u>	<u>\$ 191,148</u>
Deductions:					
Transfers-out:					
Intra-agency				171,429	171,429
Inter-agency					
Surplus property				50,348	50,348
Scrap property					
Adjustments				20,955	20,955
Total Deductions	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 242,732</u>	<u>\$ 242,732</u>
<u>Balance June 30, 2006</u>	<u>\$ 169,792</u>	<u>\$ 17,224,671</u>	<u>\$ 3,176,161</u>	<u>\$ 1,536,235</u>	<u>\$ 22,106,859</u>
Additions:					
Purchases				50,689	50,689
Transfers-in:					
Intra-agency				64,492	64,492
Capital Development Board					
Adjustments				390	390
Total Additions	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 115,571</u>	<u>\$ 115,571</u>
Deductions:					
Transfers-out:					
Intra-agency				58,689	58,689
Inter-agency				37,136	37,136
Surplus property				5,887	5,887
Scrap property				23,637	23,637
Adjustments				47,106	47,106
Total Deductions	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 172,455</u>	<u>\$ 172,455</u>
<u>Balance June 30, 2007</u>	<u>\$ 169,792</u>	<u>\$ 17,224,671</u>	<u>\$ 3,176,161</u>	<u>\$ 1,479,351</u>	<u>\$ 22,049,975</u>

Note: Center management indicated the balances at June 30, 2007 and 2006 have been reconciled to the property reports submitted to the Office of the Comptroller.

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
**COMPARATIVE SCHEDULE OF CASH RECEIPTS AND DEPOSITS**  
For the Years Ended June 30,

	FISCAL YEARS		
	2007	2006	2005
<b><u>RECEIPTS</u></b>			
Cafeteria Income	\$ 3,757	\$ 3,460	\$ 3,777
Jury Duty	120	143	150
Miscellaneous other	355	95	210
<b>TOTAL RECEIPTS</b>	<b><u><u>\$4,232</u></u></b>	<b><u><u>\$3,698</u></u></b>	<b><u><u>\$4,137</u></u></b>
<b><u>DEPOSITS</u></b>			
Receipts recorded by Agency	\$ 4,232	\$ 3,698	\$ 4,137
Add:			
Deposits in transit - Beginning of year	300	305	238
Another center's receipts incorrectly posted to the Center	35	11	
DHS's receipts incorrectly posted to the Center			8
Receipt incorrectly posted to the wrong fund			3,336
Deduct:			
Deposits in transit - End of year	(609)	(300)	(305)
Center receipts incorrectly posted to another center			(131)
<b>DEPOSITS RECORDED BY COMPTROLLER</b>	<b><u><u>\$3,958</u></u></b>	<b><u><u>\$3,714</u></u></b>	<b><u><u>\$7,283</u></u></b>

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
**ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES**  
For the Two Years Ended June 30, 2007

**Fiscal Year 2007**

A comparative schedule of significant variations in expenditures (20% or more) for the fiscal years ended June 30, 2007 and June 30, 2006 are shown below:

	FISCAL YEAR ENDED JUNE 30		INCREASE (DECREASE)	
	<u>2007</u>	<u>2006</u>	<u>AMOUNT</u>	<u>%</u>
Employee Retirement Contributions Paid by Employer	\$0	\$108,353	(\$108,353)	(100.00%)
State Contribution to State Employees' Retirement System	\$1,510,975	\$953,773	\$557,202	58.42%
Travel	\$7,085	\$11,154	(\$4,069)	(36.48%)
Printing	\$2,769	\$6,458	(\$3,689)	(57.12%)
Operations of Auto Equipment	\$44,190	\$34,184	\$10,006	29.27%

**General Revenue Fund (001)**

Employee Retirement Contributions Paid by Employer – The decrease was due to the State no longer paying retirement pickup on employees.

State Contribution to State Employees' Retirement System – The increase was due to the employer contribution percentage increasing from 7.792% in FY06 to 11.525% in FY07.

Travel – The decrease was due to the separation of an employee who did most of the traveling. In addition, the Network Manager's travel expenses are now paid by the Peoria Network Office budget monies.

Printing – The decrease was due to monies transferred to the equipment line. Copy paper is now paid from the commodity line.

Operations of Auto Equipment – The increase was due to increasing gas prices along with an increase in repair and maintenance for two vehicles damaged on grounds.

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
**ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES**  
For the Two Years Ended June 30, 2007

**Fiscal Year 2006**

A comparative schedule of significant variations in expenditures (20% or more) for the fiscal years ended June 30, 2006 and June 30, 2005 are shown below:

	FISCAL YEAR ENDED JUNE 30		INCREASE (DECREASE)	
	<u>2006</u>	<u>2005</u>	<u>AMOUNT</u>	<u>%</u>
Employee Retirement Contributions Paid by Employer	\$108,353	\$16,300	\$92,053	564.74%
State Contribution to State Employees' Retirement System	\$953,773	\$1,774,033	(\$820,260)	(46.24%)
Travel	\$11,154	\$9,208	\$1,946	21.13%
Telecommunication	\$183,776	\$114,551	\$69,225	60.43%

**General Revenue Fund (001)**

Employee Retirement Contributions Paid by Employer – The increase was due to the DHS Central Mental Health Budget Office paying one quarter of employee retirement contributions in FY05 and three quarters in FY06.

State Contribution to State Employees' Retirement System – The decrease was due to a decrease in the employer contribution rate from 16.107% in FY05 to 7.792% in FY06.

Travel – The increase was due to a 2.67 Full-Time Equivalent increase in the Network staff. The Network staff travels to all the community health centers and community hospitals.

Telecommunications – The increase was due to the initial cost of improvements, voice mail, and additional phone lines. Also, the use of cell phones and blackberries increased.

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
**ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING**  
For the Two Years Ended June 30, 2007

We have reviewed lapse period spending for fiscal years ended June 30, 2007 and 2006 and have identified significant lapse period spending (20% or more). A schedule of significant lapse period spending for the fiscal year 2007 is shown below:

<u>EXPENDITURE ITEM</u>	<u>Fiscal Year Ended June 30, 2007</u>		
	<u>TOTAL EXPENDITURES</u>	<u>LAPSE PERIOD EXPENDITURES</u>	<u>PERCENTAGE</u>
Equipment	\$66,370	\$24,524	36.95%

**General Revenue Fund (001)**

Equipment – Invoices were being held waiting for monies to be transferred into the equipment line on 8/3/07. Items including office furniture, laptops, outside benches and a van were ordered in June and the invoices were not received and processed until the lapse period.

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
**ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING**  
For the Two Years Ended June 30, 2007

A schedule of significant lapse period spending for the fiscal year ended June 30, 2006 is shown below:

	<u>Fiscal Year Ended June 30, 2006</u>		
<u>EXPENDITURE ITEM</u>	<u>TOTAL EXPENDITURES</u>	<u>LAPSE PERIOD EXPENDITURES</u>	<u>PERCENTAGE</u>
Telecommunications	\$183,776	\$71,605	38.96%

**General Revenue Fund (001)**

Telecommunications – The DHS Central Office transferred \$70,700 into the Hospital’s Telecommunications line on 8/14/06. Invoices for the lease, rental, repair, maintenance and service of telephones, cell phones, and blackberries were held until the appropriation transfer from the Central Office was completed. This transfer did not occur until the lapse period.

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
**SCHEDULE OF CHANGES IN INVENTORIES**  
For the Two Years Ended June 30, 2007

	<u>Balance</u> <u>July 1, 2006</u>	<u>Additions</u>	<u>Deletions</u>	<u>Balance</u> <u>June 30, 2007</u>
General Stores:				
Medical lab	\$ 7,210	\$ 22,970	\$ 22,152	\$ 8,028
Food supplies	6,248	245,236	235,889	15,595
Household and laundry	4,573	78,250	74,856	7,967
Other general stores	10,422	70,024	70,463	9,983
Mechanical Stores:				
Repair and Maintenance	-	39,346	39,346	-
Pharmacy	238,979	3,093,692	3,105,424	227,247
	<u>\$ 267,432</u>	<u>\$ 3,549,518</u>	<u>\$ 3,548,130</u>	<u>\$ 268,820</u>

	<u>Balance</u> <u>July 1, 2005</u>	<u>Additions</u>	<u>Deletions</u>	<u>Balance</u> <u>June 30, 2006</u>
General Stores:				
Medical lab	\$ 6,818	\$ 18,299	\$ 17,907	\$ 7,210
Food supplies	14,223	213,807	221,782	6,248
Household and laundry	8,045	86,258	89,730	4,573
Other general stores	17,522	138,608	145,708	10,422
Mechanical Stores:				
Repair and Maintenance	-	-	-	-
Pharmacy	344,276	2,182,231	2,287,528	238,979
	<u>\$ 390,884</u>	<u>\$ 2,639,203</u>	<u>\$ 2,762,655</u>	<u>\$ 267,432</u>

Note: The inventories consist primarily of commodities and medications and are valued at weighted average cost.

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
**ANALYSIS OF ACCOUNTS RECEIVABLE (NOT EXAMINED)**  
For the Two Years Ended June 30, 2007

ANALYSIS OF ACCOUNTS RECEIVABLE (NOT EXAMINED)

The Department has accounts receivable of \$2,539,436, arising from operations of the Andrew McFarland Mental Health Center (Center) at June 30, 2007. This total represents amount due from private assets, private insurance, Social Security Administration, etc. for resident care provided at the Center. The Department of Human Services Central Office prepares and mails the monthly billing statements, receives the payments and records the revenue and receivable in their general ledger. The Patient Resource Unit at the Center is responsible for determining billing amounts and is responsible for pursuing collection of delinquent accounts. The aging of outstanding accounts receivables and determination of an allowance for uncollectible accounts are the responsibility of the Department of Human Services Central Office.

An aging of accounts receivable as of June 30, 2007, 2006 and 2005 prepared by the Department of Human Services Central Office and forwarded to the Center is as follows:

	June 30,		
	<u>2007</u>	<u>2006</u>	<u>2005</u>
Current (0-3 months)	\$1,070,155	\$619,542	\$360,817
Past due (4-6 months)	124,167	122,985	145,733
Past due (7-12 months)	195,569	211,596	96,975
Past due (over 12 months)	<u>1,112,576</u>	<u>1,051,136</u>	<u>1,027,339</u>
Subtotal	\$2,502,467	\$2,005,259	\$1,630,864
Court Cases	<u>36,969</u>	<u>55,015</u>	<u>54,589</u>
Total	<u>\$2,539,436</u>	<u>\$2,060,274</u>	<u>\$1,685,453</u>

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
**ANALYSIS OF OPERATIONS**  
For the Two Years Ended June 30, 2007

**CENTER FUNCTIONS AND PLANNING PROGRAM**

The Illinois Department of Human Services (DHS) - Andrew McFarland Mental Health Center (Center) is located at 901 Southwind Road, Springfield, Illinois. The Center, a public psychiatric facility, is composed of practitioners who deliver care to those who suffer from the pervasive and enduring symptoms of severe psychiatric disorders. The Joint Commission on Accreditation of Healthcare Organizations, certified by Medicare/Medicaid, accredits the Center, which is certified for 146 hospital beds.

The Center works closely and collaborates with community mental health clinics, general psychiatric units, and private practitioners. The primary mission of the Center is to assure the coordination and quality of publicly funded mental health services that are recovered-oriented, evidence-based, community-focused and designed to meet the needs of the consumer.

The Center is one of several State-operated facilities of the DHS. A formal planning program is operational within the DHS framework. The Facility Director determines plans and objectives of the Center and the Executive Staff based on broad guidelines established by DHS. In addition, the Center maintains an ongoing Quality Assurance and Improvement Program. The purpose of the Quality Assurance and Improvement Program is, with available resources, to assure that optimal quality care is delivered. This program is designed with mechanisms to:

- Identify the most important aspects of care that the Center provides;
- Establish measurable indicators to systematically monitor these aspects of care in an ongoing way;
- Carry out evaluation of the care when monitoring raises suspicions about its quality or appropriateness, in order to identify problems or opportunities for improvement;
- Take actions to resolve problems or improve care and evaluate effectiveness

The Center has established 16 separate functional areas. Each functional area has developed standards to which that specific area aspires and indicators used to measure whether or not the standards are being met. These standards and criteria are outlined in Standard of Care Plans and reviewed annually by both the Medical and Facility Director's Executive Council.

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
**ANALYSIS OF OPERATIONS**  
For the Two Years Ended June 30, 2007

**AVERAGE NUMBER OF EMPLOYEES**

The following table, prepared from Center records, presents the average number of full time equivalent employees, by function, for the past three years.

<u>Division</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
Rehabilitation services	8	8	9
Adult inpatient services	111	106	113
Central admissions	1	1	1
Medical, surgical and clinical services	26	23	21
Staff development	1	1	1
Superintendent's office	7	7	6
Administrative services	23	24	10
Engineering	9	8	7
Business management	4	4	5
Other support services	35	35	30
Dietary	4	4	13
Total Employees	<u>229</u>	<u>221</u>	<u>216</u>

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
**ANALYSIS OF OPERATIONS**  
For the Two Years Ended June 30, 2007

EMPLOYEE OVERTIME (not examined)

Certain employees are eligible for overtime if the hours worked during a week exceed the standard workweek hours. The standard workweek hours range from 37 ½ to 40 depending on an employee’s job classification. In most cases employees are compensated at 1 ½ times their normal hourly rate for overtime hours worked. A supervisor must approve all overtime. Certain employees may receive compensatory time off in lieu of pay depending on the position classification of the employee’s job title.

The following table, prepared from Department records presents the paid overtime and earned compensatory time incurred during fiscal years 2007 and 2006:

	<u>2007</u>	<u>2006</u>
Paid overtime hours worked during fiscal year	<u>15,816</u>	<u>18,601</u>
Value of overtime hours worked during fiscal year	<u>\$538,217</u>	<u>\$648,447</u>
Compensatory hours earned during fiscal year	<u>2,544</u>	<u>4,634</u>
Value of compensatory hours earned during fiscal year	<u>\$67,495</u>	<u>\$121,564</u>
Total paid overtime hours and earned compensatory hours during fiscal year	<u>18,360</u>	<u>23,235</u>
Total value of paid overtime hours and earned compensatory hours during fiscal year	<u>\$605,712</u>	<u>\$770,011</u>

CENTER UTILIZATION (not examined)

The Andrew McFarland Mental Health Center (Center) is situated on 90 acres in Springfield, Illinois. The Center has nine buildings on its grounds. Center management has provided the information below outlining their occupancy and/or utilization of the buildings on the grounds of the Center.

<u>Building Number</u>	<u>Type of Building</u>	<u>Square Footage</u>	<u>Occupation of Space</u>
Building 1	Administration	99,004 square feet	100% occupied
Building 2	Kennedy Hall	15,252 square feet	100% occupied
Building 3	Lincoln Hall	11,259 square feet	100% occupied
Building 4	Stevenson Hall	11,259 square feet	100% occupied
Building 5	Jefferson Hall	11,259 square feet	100% occupied
Building 6	Douglas Hall	11,259 square feet	Not occupied
Building 7	Monroe Hall	11,259 square feet	100% occupied
Building 8	Garage	7,074 square feet	100% occupied
Building 9	Transformer Building	693 square feet	100% usable space

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
ANDREW MCFARLAND MENTAL HEALTH CENTER  
**ANALYSIS OF OPERATIONS**  
For the Two Years Ended June 30, 2007

COST PER YEAR/DAY PER RESIDENT (not examined)

The following schedule represents costs per resident based upon the Department of Human Services Management Cost System. This includes costs for depreciation and an allocation of costs incurred by the Department's Central Office and other State agencies.

	<u>2007</u>	<u>Fiscal Year</u> <u>2006</u>	<u>2005</u>
Cost per year per resident	*	\$185,579	\$188,926
Cost per day per resident	*	\$508	\$518

\* - The Department had not calculated these statistics by the close of fieldwork.

RATIO OF EMPLOYEES TO RESIDENTS (not examined)

The following comparisons are prepared from Center records for the fiscal years ended June 30:

	<u>2007</u>	<u>Fiscal Year</u> <u>2006</u>	<u>2005</u>
Certified Capacity of Center	<u>146</u>	<u>146</u>	<u>146</u>
Average number of residents	<u>115</u>	<u>115</u>	<u>112</u>
Average number of employees	<u>229</u>	<u>221</u>	<u>216</u>
Ratio of employees to residents	<u>1.99 to 1</u>	<u>1.92 to 1</u>	<u>1.93 to 1</u>

REPORTED EMPLOYEE JOB INJURIES (not examined)

The following comparisons are prepared from Center records for the fiscal years ended June 30:

	<u>2007</u>	<u>Fiscal Year</u> <u>2006</u>	<u>2005</u>
Number of reported employee injuries	<u>40</u>	<u>62</u>	<u>56</u>

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FOOD SERVICES (not examined)

The following table, prepared from Center records, summarizes the number of meals served and the average cost per meal.

	<u>Fiscal Year</u>		
	<u>2007</u>	<u>2006</u>	<u>2005</u>
Meals served	<u>167,900</u>	<u>155,923</u>	<u>136,443</u>
Total food costs	\$248,320	\$226,074	\$192,403
Total labor costs	<u>\$482,833</u>	<u>401,613</u>	<u>467,436</u>
Total costs	<u>\$731,153</u>	<u>\$627,687</u>	<u>\$659,839</u>
Average food costs / meal	\$1.48	\$1.45	\$1.41
Average labor costs / meal	<u>\$2.88</u>	<u>2.58</u>	<u>3.43</u>
Total average cost – all meals	<u>\$4.36</u>	<u>\$4.03</u>	<u>4.84</u>

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**SERVICE EFFORTS AND ACCOMPLISHMENTS (not examined)**

The Andrew McFarland Mental Health Center's vision is that all persons with mental illness will recover. The mission of the Center is to assure the coordination and quality of publicly funded mental health services that are recovered-oriented, evidence-based, community-focused and designed to meet the needs of the consumer. The primary goal of treatment is to return the individual to their community with individualized support to assist them with their plan for wellness.

**Goals:**

1. To advance the principles of Recovery through all service delivery systems.
2. To systematically coordinate and integrate delivery of inpatient services between McFarland Mental Health Center, Community Mental Health Centers, and Community Hospital Inpatient System (CHIPS) contracted hospitals.
3. To enhance linkage between systems, improve admission and discharge planning and review community relationships with respect to CHIPS.
4. To sustain high standards of risk management and quality forensic service delivery by enhancing efficiencies in community relations, resource dedication and inpatient service expansion.
5. To support fee for service transition in the community and to continue prudent fiduciary responsibility of management of the budget, staff resources, and its impact on care delivery for consumers.
6. To continue the development of Regional Governance, refinement of organizational structure and evaluation of effectiveness in managing the Department of Mental Health and Regional priorities for FY06.

**Objectives:**

1. Review, evaluate and further enhance patient-centered, recovery-oriented, strength-based treatment-planning process.
2. Continue recovery oriented, strength based treatment throughout CHIPS program.
3. Expand use of medication algorithms to include depression and bipolar algorithms as established by the Center for the Implementation of Medication Algorithms (CIMA).
4. Implement centralized admission process for the hospital.

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5. Improve the efficiency and effectiveness of the discharge medication process.
6. Hold information forums regarding Medicare Part D for community and hospital staff.
7. Hold information forms regarding new Continuity of Care Agreement.
8. Develop list of resources for sex offenders; determine appropriate treatment policy for sex offenders for hospital and community.
9. Review census capacity in light of staffing plan.
10. Reduce the use of restraint and seclusion (R/S) by re-shaping and re-defining the culture.  
In particular, move the hospital culture to embrace a recovery/wellness system of care.

Resident Statistics:

	FY07	FY06	FY05
Admission:	722	877	910
Average Daily Census:	116	116	113
Bed Days:	41,894	42,433	41,315
Average Length of Stay (Discharged Patients):			
Adult	58	46	36
Adolescents	203	303	265
Forensics	145	225	288